MERITER HEALTH CENTER

334 W DOTY ST

| MADISON 53703 Phone: (608) 283-2100 | | Ownership: | Non-Profit Corporation |
|---|-----|-----------------------------------|------------------------|
| Operated from 1/1 To 12/31 Days of Operation: | 366 | Highest Level License: | Skilled |
| Operate in Conjunction with Hospital? | Yes | Operate in Conjunction with CBRF? | Yes |
| Number of Beds Set Up and Staffed (12/31/04): | 120 | Title 18 (Medicare) Certified? | Yes |
| Total Licensed Bed Capacity (12/31/04): | 120 | Title 19 (Medicaid) Certified? | Yes |
| Number of Residents on 12/31/04: | 110 | Average Daily Census: | 112 |

| Services Provided to Non-Residents | | Age, Gender, and Primary Di | agnosis | of Residents (1 | 12/31/04) | Length of Stay (12/31/04) | % |
|------------------------------------|-----|-----------------------------|---------|-----------------|-----------|---------------------------|--------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | 50.0 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | 30.0 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0.9 | Under 65 | 1.8 | More Than 4 Years | 20.0 |
| Day Services | No | Mental Illness (Org./Psy) | 15.5 | 65 - 74 | 10.9 | | |
| Respite Care | No | Mental Illness (Other) | 0.9 | 75 - 84 | 24.5 | | 100.0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 50.0 | ********* | ***** |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 0.0 | 95 & Over | 12.7 | Full-Time Equivalent | |
| Congregate Meals | No | Cancer | 3.6 | | | Nursing Staff per 100 Res | idents |
| Home Delivered Meals | No | Fractures | 7.3 | | 100.0 | (12/31/04) | |
| Other Meals | Yes | Cardiovascular | 10.0 | 65 & Over | 98.2 | | |
| Transportation | No | Cerebrovascular | 13.6 | | | RNs | 13.7 |
| Referral Service | No | Diabetes | 5.5 | Gender | 용 | LPNs | 18.5 |
| Other Services | No | Respiratory | 3.6 | | | Nursing Assistants, | |
| Provide Day Programming for | | Other Medical Conditions | 39.1 | Male | 23.6 | Aides, & Orderlies | 41.8 |
| Mentally Ill | No | | | Female | 76.4 | | |
| Provide Day Programming for | ĺ | | 100.0 | | | | |
| Developmentally Disabled | No | | | | 100.0 | | |

Method of Reimbursement

| | | edicare itle 18 | | | edicaid itle 19 | | Other | | Private Pay | | Family Care | | Managed Care | | | | | | | |
|--------------------|------|--------------------|---------------------|-----|--------------------|---------------------|-------|-----|---------------------|-------|----------------|---------------------|-----------------|------|---------------------|-----|-----|---------------------|-------------------------|-------|
| Level of Care | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | 8 | Per Diem (\$) | No. | ~~~~ | Per Diem (\$) | No. | % | Per Diem (\$) | Total Resi- dents | - Of |
| Int. Skilled Care | 23 | 100.0 | 259 | 2 | 4.5 | 152 | 0 | 0.0 | 0 | 7 | 16.3 | 218 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 32 | 29.1 |
| Skilled Care | 0 | 0.0 | 0 | 41 | 93.2 | 129 | 0 | 0.0 | 0 | 35 | 81.4 | 206 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 76 | 69.1 |
| Intermediate | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 1 | 2.3 | 202 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 1 | 0.9 |
| Limited Care | | | | 1 | 2.3 | 91 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 1 | 0.9 |
| Personal Care | | | | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | | | | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Disabled | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain In | i 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Depende | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 23 | 100.0 | | 44 | 100.0 | | 0 | 0.0 | | 43 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 110 | 100.0 |

County: Dane Facility ID: 5850 Page 2
MERITER HEALTH CENTER

.....

| Admissions, Discharges, and | | Percent Distribution | of Residents' | Condition | ons, Services, and | d Activities as of 12 | /31/04 | | | | |
|--------------------------------|------|----------------------|---------------|-----------|-------------------------------------|---|---------------------|--|--|--|--|
| Deaths During Reporting Period | | | % Needing | | | | | | | | |
| Percent Admissions from: | | Activities of | ક | | istance of | % Totally | Number of | | | | |
| Private Home/No Home Health | 0.5 | Daily Living (ADL) | Independent | One (| Or Two Staff | Dependent - | Residents | | | | |
| Private Home/With Home Health | 1.4 | Bathing | 0.0 | | 34.5 | 65.5 | 110 | | | | |
| Other Nursing Homes | 1.2 | Dressing | 4.5 | | 63.6 | 31.8 | 110 | | | | |
| Acute Care Hospitals | 93.6 | Transferring | 3.6 | | 58.2 | 38.2 | 110 | | | | |
| Psych. HospMR/DD Facilities | 0.0 | Toilet Use | 3.6 | | 58.2 | 38.2 | 110 | | | | |
| Rehabilitation Hospitals | 0.0 | Eating | 38.2 | | 37.3 | 24.5 | 110 | | | | |
| Other Locations | 3.3 | ******** | ****** | ***** | * * * * * * * * * * * * * * * * * * | * | * * * * * * * * * * | | | | |
| Total Number of Admissions | 420 | Continence | | 8 | Special Treatment | ts | 용 | | | | |
| Percent Discharges To: | | Indwelling Or Extern | nal Catheter | 8.2 | Receiving Resp | iratory Care | 14.5 | | | | |
| Private Home/No Home Health | 10.9 | Occ/Freq. Incontiner | nt of Bladder | 80.9 | Receiving Track | heostomy Care | 0.9 | | | | |
| Private Home/With Home Health | 52.5 | Occ/Freq. Incontiner | nt of Bowel | 72.7 | Receiving Suct: | ioning | 0.9 | | | | |
| Other Nursing Homes | 2.6 | | | | Receiving Ostor | my Care | 0.0 | | | | |
| Acute Care Hospitals | 12.5 | Mobility | | | Receiving Tube | Feeding | 1.8 | | | | |
| Psych. HospMR/DD Facilities | 0.0 | Physically Restraine | ed | 1.8 | Receiving Mecha | anically Altered Diet | s 36.4 | | | | |
| Rehabilitation Hospitals | 0.9 | | | | | | | | | | |
| Other Locations | 9.0 | Skin Care | | | Other Resident Ch | haracteristics | | | | | |
| Deaths | 11.6 | With Pressure Sores | | 13.6 | Have Advance D: | irectives | 86.4 | | | | |
| Total Number of Discharges | | With Rashes | | 0.9 | Medications | | | | | | |
| (Including Deaths) | 423 | | | | Receiving Psych | hoactive Drugs | 80.9 | | | | |

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

| | This Other Hospital- | | | Ī | A11 |
|--|----------------------|------------------|-------|-------|--------|
| | Facility | Based Facilities | | Fac | ilties |
| | 8 | % | Ratio | 8 | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 93.3 | 91.7 | 1.02 | 88.8 | 1.05 |
| Current Residents from In-County | 93.6 | 85.3 | 1.10 | 77.4 | 1.21 |
| Admissions from In-County, Still Residing | 12.1 | 14.1 | 0.86 | 19.4 | 0.63 |
| Admissions/Average Daily Census | 375.0 | 213.7 | 1.75 | 146.5 | 2.56 |
| Discharges/Average Daily Census | 377.7 | 214.9 | 1.76 | 148.0 | 2.55 |
| Discharges To Private Residence/Average Daily Census | 239.3 | 119.8 | 2.00 | 66.9 | 3.58 |
| Residents Receiving Skilled Care | 98.2 | 96.2 | 1.02 | 89.9 | 1.09 |
| Residents Aged 65 and Older | 98.2 | 90.7 | 1.08 | 87.9 | 1.12 |
| Title 19 (Medicaid) Funded Residents | 40.0 | 66.8 | 0.60 | 66.1 | 0.61 |
| Private Pay Funded Residents | 39.1 | 22.6 | 1.73 | 20.6 | 1.90 |
| Developmentally Disabled Residents | 0.9 | 1.4 | 0.66 | 6.0 | 0.15 |
| Mentally Ill Residents | 16.4 | 32.7 | 0.50 | 33.6 | 0.49 |
| General Medical Service Residents | 39.1 | 22.0 | 1.78 | 21.1 | 1.86 |
| Impaired ADL (Mean)* | 64.9 | 49.1 | 1.32 | 49.4 | 1.31 |
| Psychological Problems | 80.9 | 53.5 | 1.51 | 57.7 | 1.40 |
| Nursing Care Required (Mean)* | 8.6 | 7.4 | 1.17 | 7.4 | 1.16 |